

Name
in
Full

Bessie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|----------------------------|--------------------------------------|-----------------|----------------|
| Died at <i>Annapolis</i> Town | | <i>Anne Arundel</i> County | | MARYLAND | |
| Date of death 1903 | Month <i>March</i> | Day <i>12</i> | Age <i>0</i> | Months <i>2</i> | Days <i>15</i> |
| Sex <i>Female</i> | Color or Race <i>colored</i> | | Birth-place <i>Annapolis</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i></i> | | |
| Name of Wife or Husband <i></i> | | | | | |
| Father's Name <i>Alexander Brown</i> | | | Father's Birthplace <i>Annapolis</i> | | |
| Mother's Maiden Name <i>Bessie Matthews</i> | | | Mother's Birthplace <i>Annapolis</i> | | |
| Name of person giving information <i>William Matthews</i> | | | How related to deceased <i>Uncle</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|------------------------|
| Primary <i>Ulcer of neck</i> | How long <i>179</i> | How long <i>4 days</i> |
| Immediate <i>Exhaustion</i> | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>S. M. S. Campbell</i> | |
| | Address <i>38 Scott St</i> | |
| Accident or Suicide? <i></i> | | |



Name
in
Full

Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|-----------------------------|-------------------|------------------------------|--------------------------------------|-------|----------|------|
| Died at | | Town Annapolis | | County AA | | MARYLAND | |
| Date of death 1903 | | Month March | Day 21st | Age 1 | Years | Months | Days |
| Sex Male | Color or Race colored | | Birth- place Annapolis | | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name Edward Bryan | | | | Father's Birthplace AA Co. | | | |
| Mother's Maiden Name Mary Butler | | | | Mother's Birthplace AA Co. | | | |
| Name of person giving information Mary Butler | | | | How related to deceased Mother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|------------|---|
| Primary | Still born | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Lizzie Gax |
| | | Address Midwife Annapolis Md |
| Accident or Suicide? | | |



Name in Full

Certificate of Death

Florence Burley

Died at ^{Town} Willhams ^{County} Anne Arundel

MARYLAND

Date 1903 ^{Month} March ^{Day} 24 ^{Y.} Age 8 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Anne Arundel~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's Name Henry Burley Mother's Maiden Name Carville Marshall

Cause of Death { Primary Tuberculosis How long sick 3 weeks
Immediate Apoplexy 27 Accident, Suicide, HomicideReported by C R Winkler MD
Address Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Thomas Cahill

CERTIFICATE OF DEATH

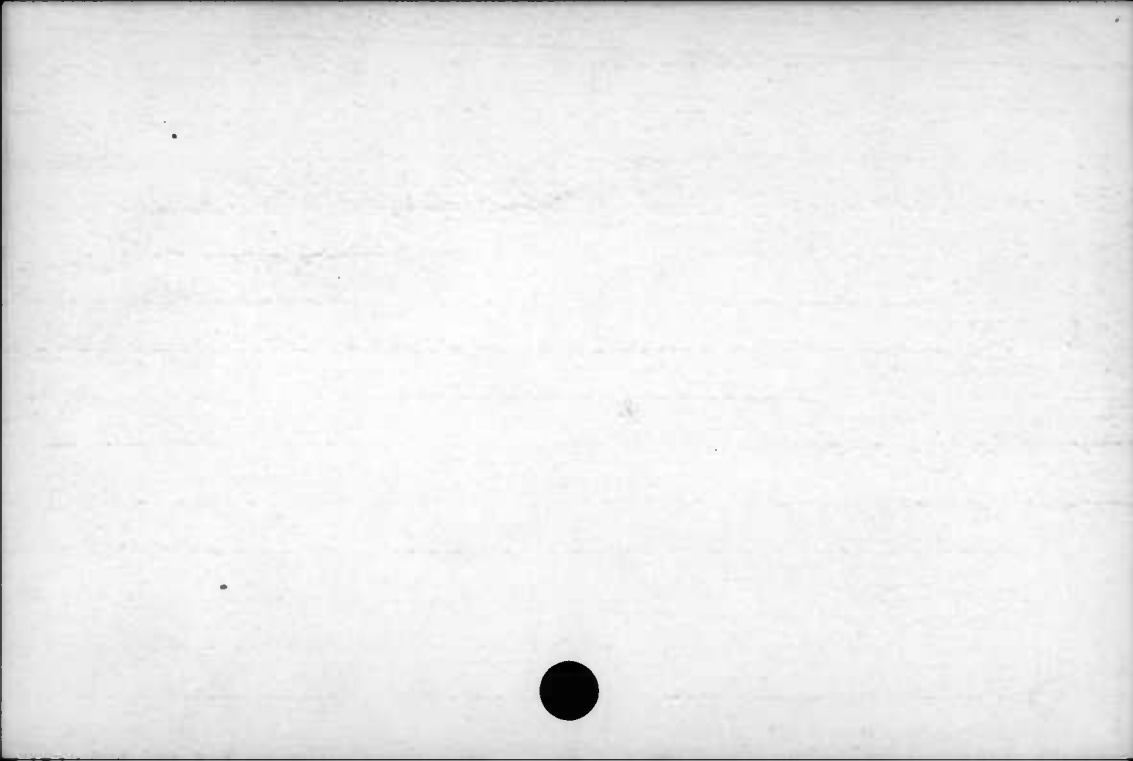
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------------|-------------------------------------|-----------------------------------|---|----------------|
| Died at <i>East Brooklyn</i> ^{Town} | | <i>aa</i> ^{County} | | MARYLAND | |
| Date of death 190 | <i>3</i> | Month <i>3</i> | Day <i>16</i> | Age <i>25-</i> | Months Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth- place <i>Ireland</i> | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>Oyster Dredger</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving In formation <i>J W Parks</i> | | | | How related to deceased <i>no</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Drowning</i> | How long <i>172</i> |
| Immediate <i>"</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. L. Hawkins</i> |
| | Address <i>Brooklyn ma</i> |
| Accident or Suicide ? | |



Name
in
Full

Davidson A. Claude

CERTIFICATE OF DEATH

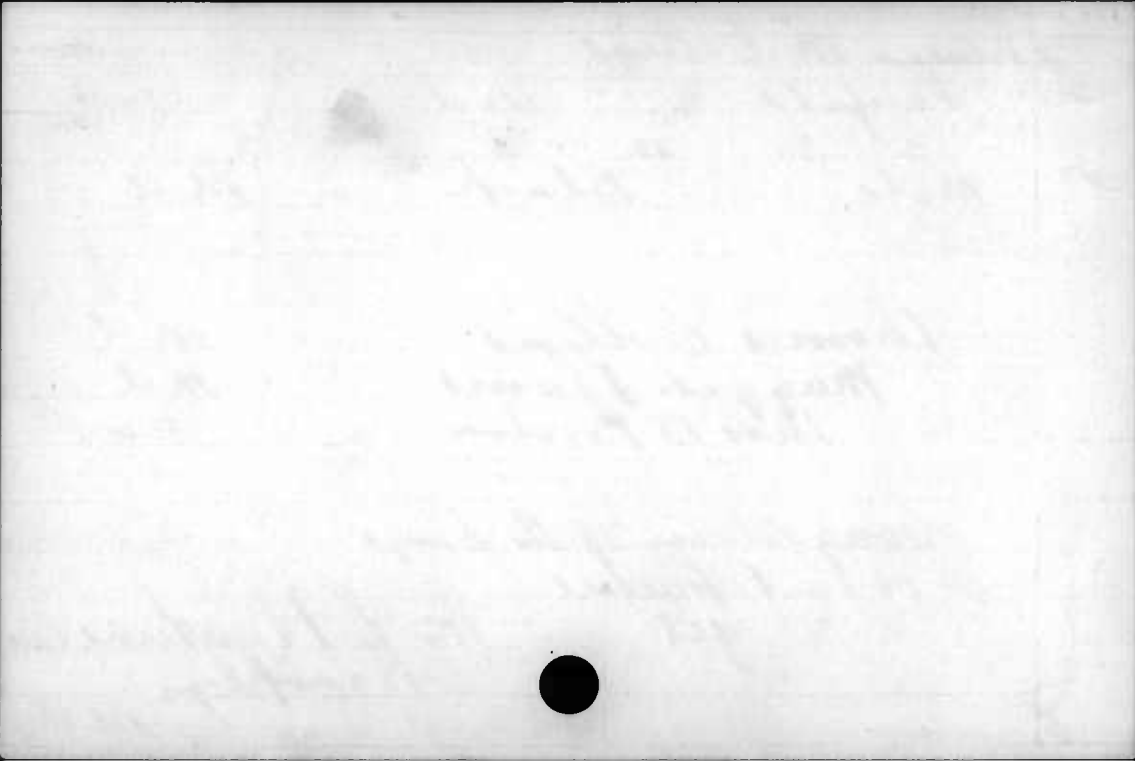
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------|--------------------|---------------|--------------|--------|-------------------------|-----------|
| Died at | | Town | | County | | STATE | |
| Annapolis | | Annapolis | | Anne Arundel | | MARYLAND | |
| Date | Month | Day | Age | Years | Months | Days | |
| of death 1903 | March | 12 | 58 | 58 | — | 9 | |
| Sex | Male | | Color or Race | White | | Birth-place | Annapolis |
| Married, Single or Widowed | Married | | Occupation | | | | |
| Name of Wife or Husband | | Elizabeth A. Basil | | | | | |
| Father's Name | Leah L. Claude | | | | | Father's Birthplace | Annapolis |
| Mother's Maiden Name | Elizabeth Cotton | | | | | Mother's Birthplace | Mass |
| Name of person giving information | Elizabeth A. Claude | | | | | How related to deceased | Wife |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------|------------------------|----------|----------|
| Primary | Tuberculosis | | How long | 6 Months |
| Immediate | Exhaustion | | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| | | Geo Wells, M.D. | | |
| | | Address | | |
| | | Annapolis | | |
| | | Md | | |
| Accident or Suicide? | | | | |



Name
in
Full

Thomas M. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|------------------|-----------------------------------|-----------------|------|
| Died at <i>Fairfield</i> Town | | <i>AA</i> County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>3</i> | Day <i>20</i> | Age Years | Months <i>3</i> | Days |
| Sex <i>male</i> | Color or Race <i>Black</i> | | Birth-place <i>MA</i> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Thomas Collins</i> | | | Father's Birthplace <i>MA</i> | | |
| Mother's Maiden Name <i>Maggie James</i> | | | Mother's Birthplace <i>MA</i> | | |
| Name of person giving information <i>Thos B Horton</i> | | | How related to deceased <i>no</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Congestion of the lungs</i> | How long <i>5</i> |
| Immediate <i>Heart Failure</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm L Hawkins MD</i> |
| | Address <i>Brooklyn MA</i> |
| Accident or Suicide? | |



Name
in
Full

James J L. brew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|----------------------------|---------------------------------------|-----------------|------|
| Died at <u>Annapolis</u> Town | | <u>At</u> County | | MARYLAND | |
| Date of death 1903 | Month <u>March</u> | Day <u>12th</u> | Age | Months <u>4</u> | Days |
| Sex <u>male</u> | Color or Race <u>colored</u> | | Birth-place <u>Annapolis</u> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>James E brew</u> | | | Father's Birthplace <u>Annapolis</u> | | |
| Mother's Maiden Name <u>Fannie Offer</u> | | | Mother's Birthplace <u>Annapolis</u> | | |
| Name of person giving information <u>Fannie brew</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|---|--------------------|
| Primary | <u>Tuberculosis</u> | How long | <u>3 or months</u> |
| Immediate | <u>Exhaustion</u> | How long | <u>27</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>John Ridout</u> | |
| <u>Yes</u> | | Address <u>Annapolis Md</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Lloyd Howndes Dexter

CERTIFICATE OF DEATH

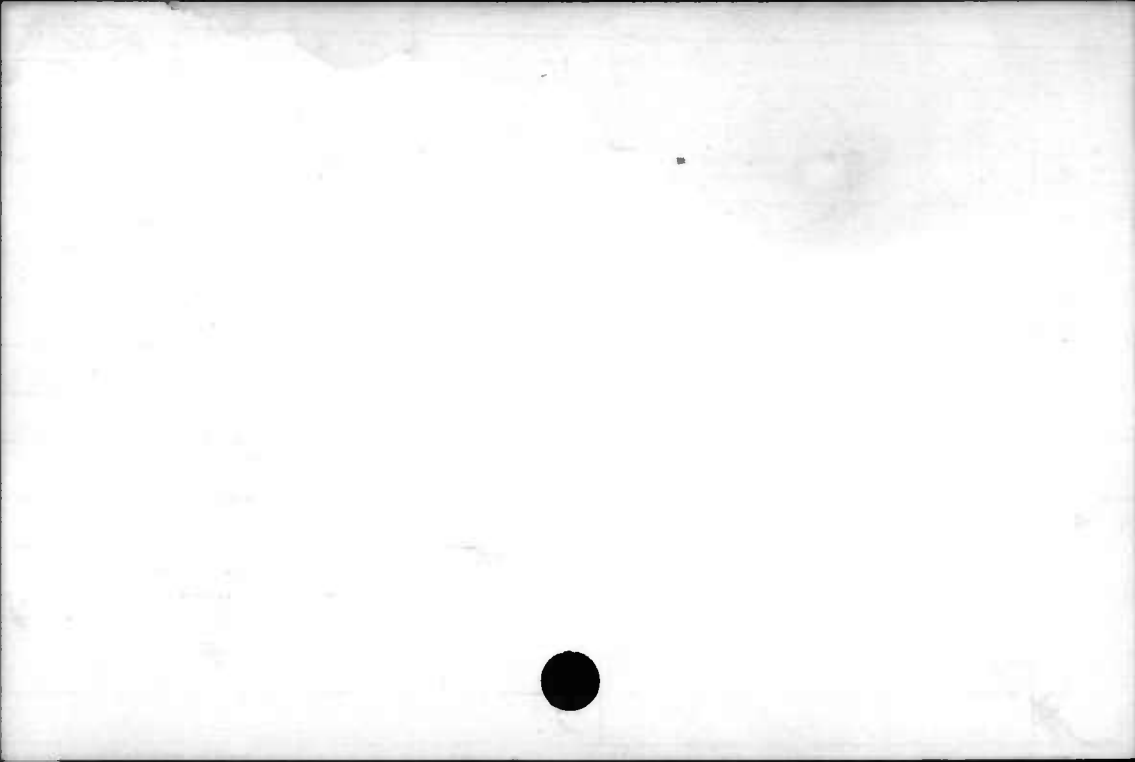
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|------------------------|-----------------------------------|---------------------------|----------|
| Died at ^{Town} Annapolis | | ^{County} A.A. | | MARYLAND | |
| Date of death 1903 | | Month March | Day 19 | Age 51 | Months 9 |
| Sex male | | Color or Race white | | Birth-place St. Clair Co. | |
| Married, Single and Widowed Single | | Occupation Child | | | |
| Name of Wife or Husband | | | | | |
| Father's Name John Boyd Dexter | | | Father's Birthplace Annapolis | | |
| Mother's Maiden Name Elizabeth Henderson Heller | | | Mother's Birthplace St. Clair Co. | | |
| Name of person giving information J. Boyd Dexter | | | How related to deceased Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-----------------------------------|-----------|
| Primary Dystentheria | How long 9 w | Four days |
| Immediate Asthenia | How long | One day |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician Geo. Wells | |
| yes | Address Annapolis Md | |
| Accident or Suicide? No | | |



Name in Full

Certificate of Death

Cassie Edwards

Town

County

MARYLAND

Died at Laramie

Aa

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

March 19

Age

78

Aa Co

Lumberjacks

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband of

Abrah Edwards

Wife

Father's

Name

Mathews

Mother's

Maiden Name

Cause of

Primary

Old age

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Thomas H. Grayshaw

Address

Blue Burnie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|----------------------------|--|----------------|-----------------|
| Died at <i>Chesterfield</i> | | County <i>Anne Arundel</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>3</i> | Day <i>24</i> | Age <i>7</i> | Years <i>6</i> | Months <i>6</i> |
| Sex <i>female</i> | Color or Race <i>African</i> | | Birth-place <i>Chesterfield</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i></i> | | |
| Name of Wife or Husband <i></i> | | | | | |
| Father's Name <i>Isaiah Eoens</i> | | | Father's Birthplace <i>W. Labor</i> | | |
| Mother's Maiden Name <i>Ella Blackstone</i> | | | Mother's Birthplace <i>W. Labor</i> | | |
| Name of person giving information <i>Thomas Parker</i> | | | How related to deceased <i>Grandfather</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|--|----------------|
| Primary | <i>Pneumonia</i> | How long | <i>93</i> |
| Immediate | <i>"</i> | How long | <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>M. DuBois M.D.</i> | |
| | | Address <i>Gambrells</i> | |
| Accident or Suicide? | | <i>NA</i> | |



Name
in
Full

William Finkle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------------|---------------------------------------|-------------------------------------|----------------------------|--------------------------|
| Died at <u>East Port</u> ^{Town} | | <u>Anne Arundel</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | <u>March</u> ^{Month} | <u>14</u> ^{Day} | Age <u>60</u> ^{Years} | <u>—</u> ^{Months} | <u>—</u> ^{Days} |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>New York</u> | | |
| Married, Single or Widowed <u>Married</u> | | Occupation <u>Labourer</u> | | | |
| Name of Wife or Husband <u>Margaretta Wood</u> | | | | | |
| Father's Name <u>Isaac Finkle</u> | | | Father's Birthplace <u>N.Y.</u> | | |
| Mother's Maiden Name <u>Susan</u> | | | Mother's Birthplace <u>do</u> | | |
| Name of person giving information <u>Margaretta Finkle</u> | | | How related to deceased <u>Wife</u> | | |

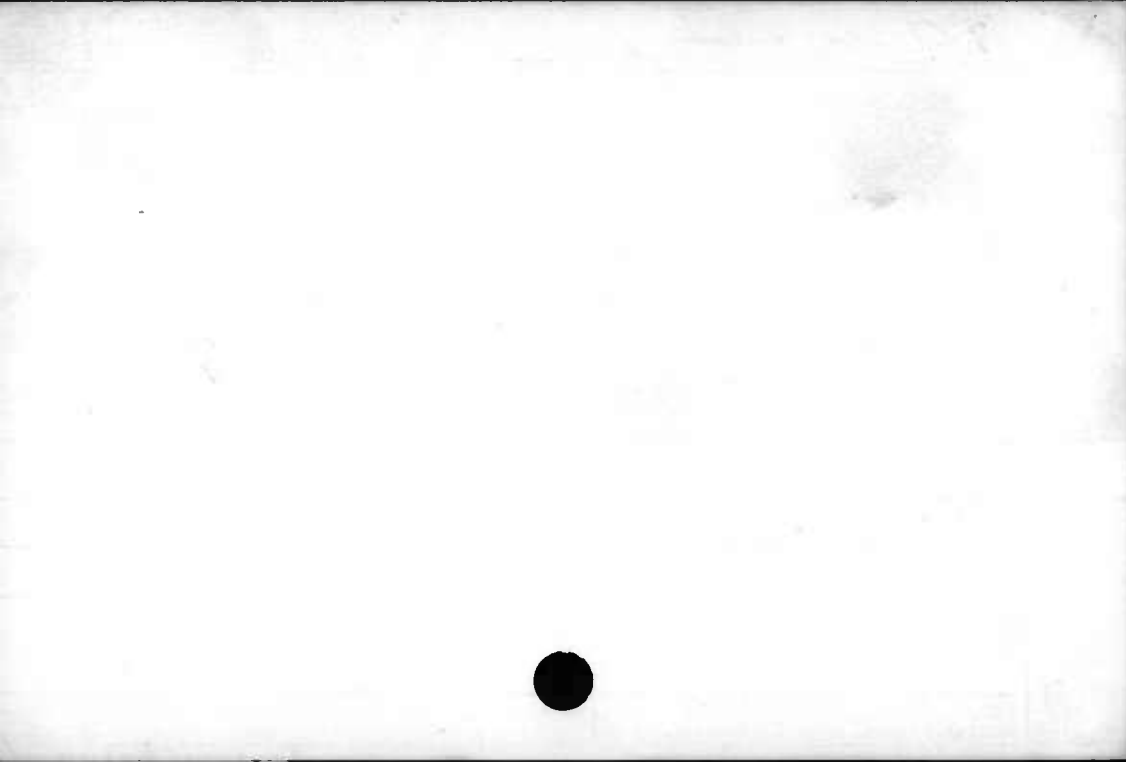
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Apoplexy</u> | How long <u>13 hrs</u> |
| Immediate <u>"</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u> | Signature of Physician <u>J. J. Murphy</u> |
| | Address <u>Annapolis Md.</u> |
| Accident or Suicide? | |



| | | | | | | | | | |
|--|--|-----------------------------------|--|-------------------------|--|---------------------|--|----------------------|--|
| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Date | | Age | | MAYLAND | |
| | | of death 1903 | | Month | | Day | | Months | |
| | | Sex | | Color or Race | | Birth-place | | Days | |
| | | Married, Single or Widowed | | Occupation | | | | | |
| | | Name of Wife or Husband | | | | | | | |
| | | Father's Name | | Mother's Maiden Name | | Father's Birthplace | | Mother's Birthplace | |
| PHYSICIAN OR CORONER | | Name of person giving information | | How related to deceased | | | | | |
| | | CAUSES OF DEATH | | | | | | | |
| | | Primary | | How long | | | | | |
| Immediate | | How long | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | Address | | | | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
Full

Wm Lb. Gassaway

CERTIFICATE OF DEATH

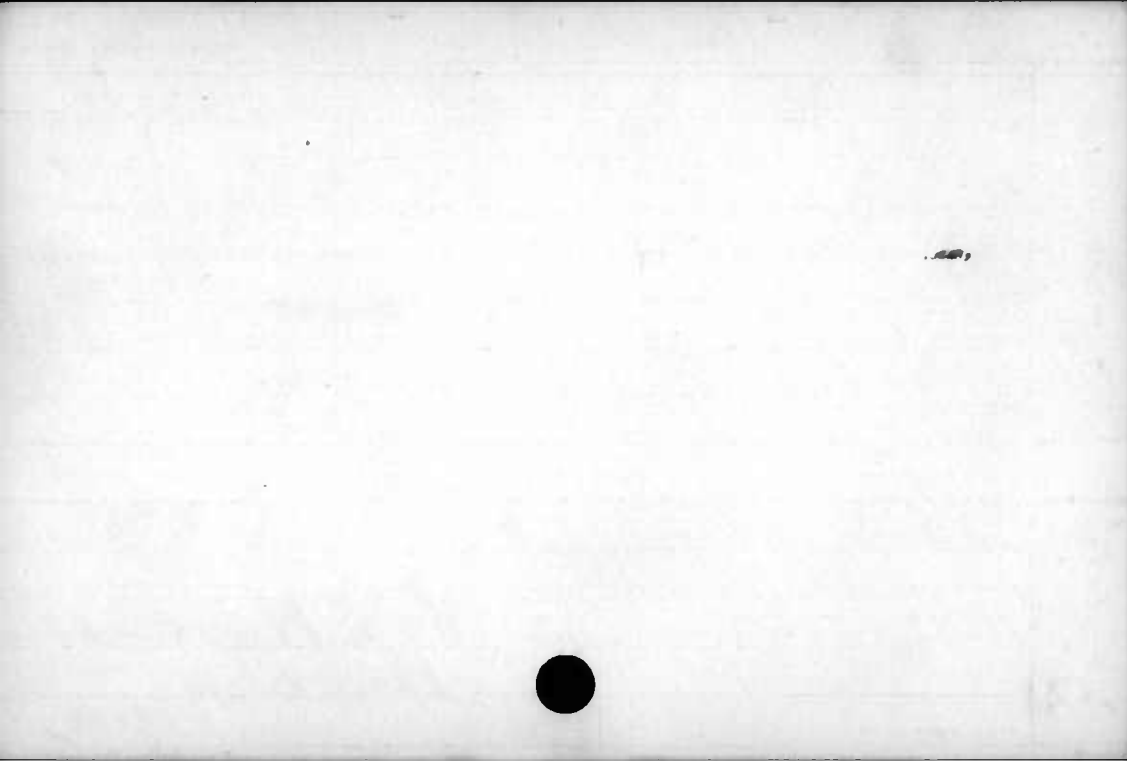
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|----------------------------|--|-----------------|---------------|
| Died at <i>Annapolis</i> | | County <i>Anne Arundel</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>March</i> | Day <i>2</i> | Age <i>67</i> | Months <i>6</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Annapolis</i> | | |
| Married, Single or Widowed <i>Married</i> | | Occupation | | | |
| Name of Wife or Husband <i>Emily S. Gassaway</i> | | | | | |
| Father's Name <i>Lewis Gassaway</i> | | | Father's Birthplace <i>Md</i> | | |
| Mother's Maiden Name <i>Rebecca Hendry</i> | | | Mother's Birthplace <i>Md</i> | | |
| Name of person giving information <i>L. S. Clayton</i> | | | How related to deceased <i>Bro. in Law</i> | | |

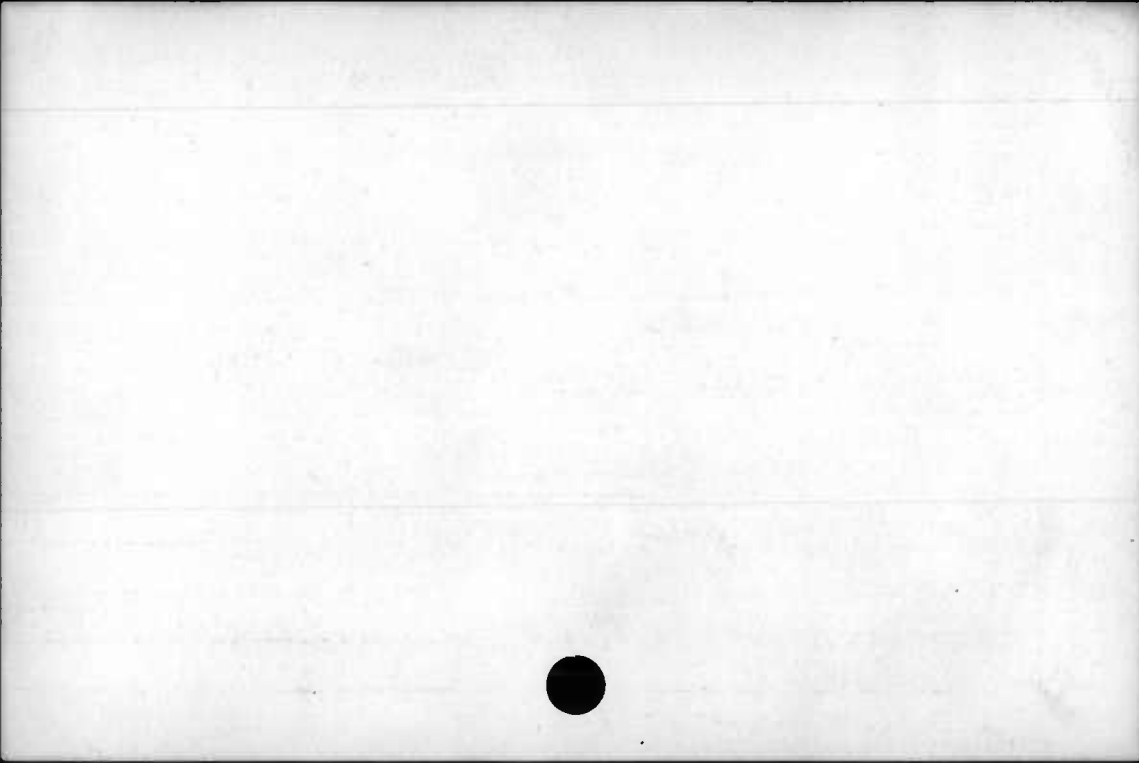
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Tuberculosis - 27</i> | How long <i>8 months</i> |
| Immediate <i>Weakness</i> | How long <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Geo Wells M.D.</i> |
| | Address <i>Annapolis</i> |
| Accident or Suicide? | |



| | | | | | | | | | |
|---|--|--|--|--|--|---|--|-------------------------------------|--|
| Name in Full | | RAY Grubbs | | | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town Brooklyn | | County a a | | MARYLAND | |
| | | Date of death 1903 | | Month 3 | | Day 28 | | Age Years Months Days 2 | |
| | | Sex male | | Color or Race white | | Birth-place md | | | |
| | | Married, Single or Widowed Single | | Occupation | | | | | |
| | | Name of Wife or Husband | | | | | | | |
| | | Father's Name J. J. Grubbs | | Mother's Maiden Name Sarah V. Minafie | | Father's Birthplace va | | Mother's Birthplace va | |
| Name of person giving information J. J. Grubbs | | How related to deceased father | | | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary Convulsions | | | | How long 71 | | | |
| | | Immediate | | | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician Dr. L. Haecklin Cor | | | |
| | | Yes | | | | Address Brooklyn | | | |
| | | Accident or Suicide? | | | | ma | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | |
|---|--|----------------|------|----------------------------|------------------|-----------------------|---------------------------------------|----------------|--|-----------------|--|---------------|--|
| Died at <i>Brooklyn</i> | | | Town | | County <i>aa</i> | | MARYLAND | | | | | | |
| Date of death 190 <i>3</i> | | Month <i>3</i> | | Day <i>28</i> | | Age <i>-</i> | | Years <i>-</i> | | Months <i>-</i> | | Days <i>2</i> | |
| Sex <i>male</i> | | | | Color or Race <i>white</i> | | Birth-place <i>ma</i> | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | | | Occupation <i>Lab</i> | | | | | | | | | |
| Name of Wife or Husband | | | | | | | | | | | | | |
| Father's Name <i>J. J. Grubbs</i> | | | | | | | Father's Birthplace <i>va</i> | | | | | | |
| Mother's Maiden Name <i>Sarah V. Menefee</i> | | | | | | | Mother's Birthplace <i>va</i> | | | | | | |
| Name of person giving information <i>J. J. Grubbs</i> | | | | | | | How related to deceased <i>Sister</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Convulsion</i> | | How long <i>-</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Am. L. Hawkins</i> | |
| Accident or Suicide? | | Address <i>Brooklyn ma</i> | |



Name
in
Full

Blanche Gball

CERTIFICATE OF DEATH

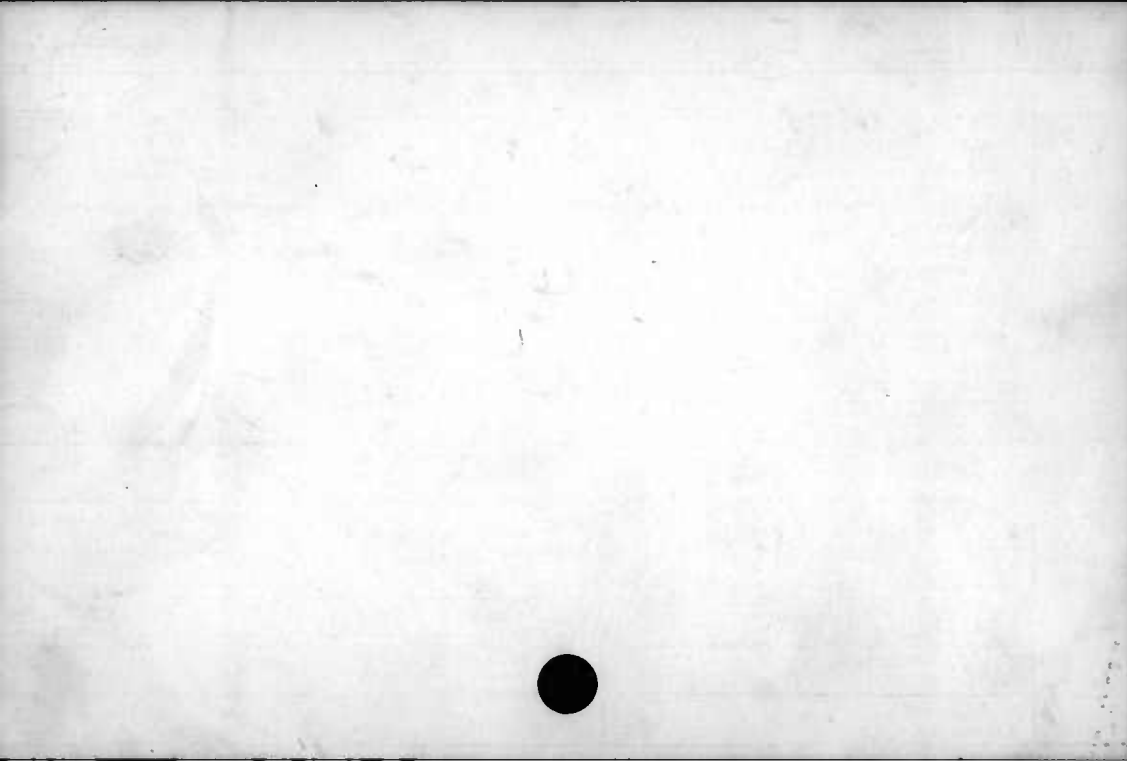
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------|--|--------------------------------|--|--------|--|
| Died at 3 rd District | | Town | | AA | | County | |
| Date of death 1903 | | March | | 4 th | | Day | |
| Sex Female | | Color or Race White | | Age 18 yrs | | Months | |
| Married, Single or Widowed Single | | Occupation | | Birth-place AA Co. | | Days | |
| Name of Wife or Husband | | | | | | | |
| Father's Name James G. Gball | | | | Father's Birthplace AA Co. | | | |
| Mother's Maiden Name Fannie Brandall | | | | Mother's Birthplace AA Co. | | | |
| Name of person giving information Mrs. Gball | | | | How related to deceased Mother | | | |

CAUSES OF DEATH

| | | | |
|--|--|---|--|
| Primary Pneumonia 93 | | How long Eight days | |
| Immediate Heart Failure | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician John Ridout M.D. | |
| ger | | Address Annapolis Md | |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|------------|--------|-------------------------|-------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1903 | Month | Day | Age | Years | Months | Days | |
| 3 | Mar | 18 | | | 10 | 22 | |
| Sex | Male | Color or Race | African | | Birth-place | Patuxent | |
| Married, Single or Widowed | Single | | Occupation | | | | |
| Name of Wife or Husband | X | | X | | | | |
| Father's Name | Dennis Hall | | | | Father's Birthplace | Patuxent | |
| Mother's Maiden Name | Mary E McClelland | | | | Mother's Birthplace | 11 | |
| Name of person giving information | George Hall | | | | How related to deceased | Grandfather | |

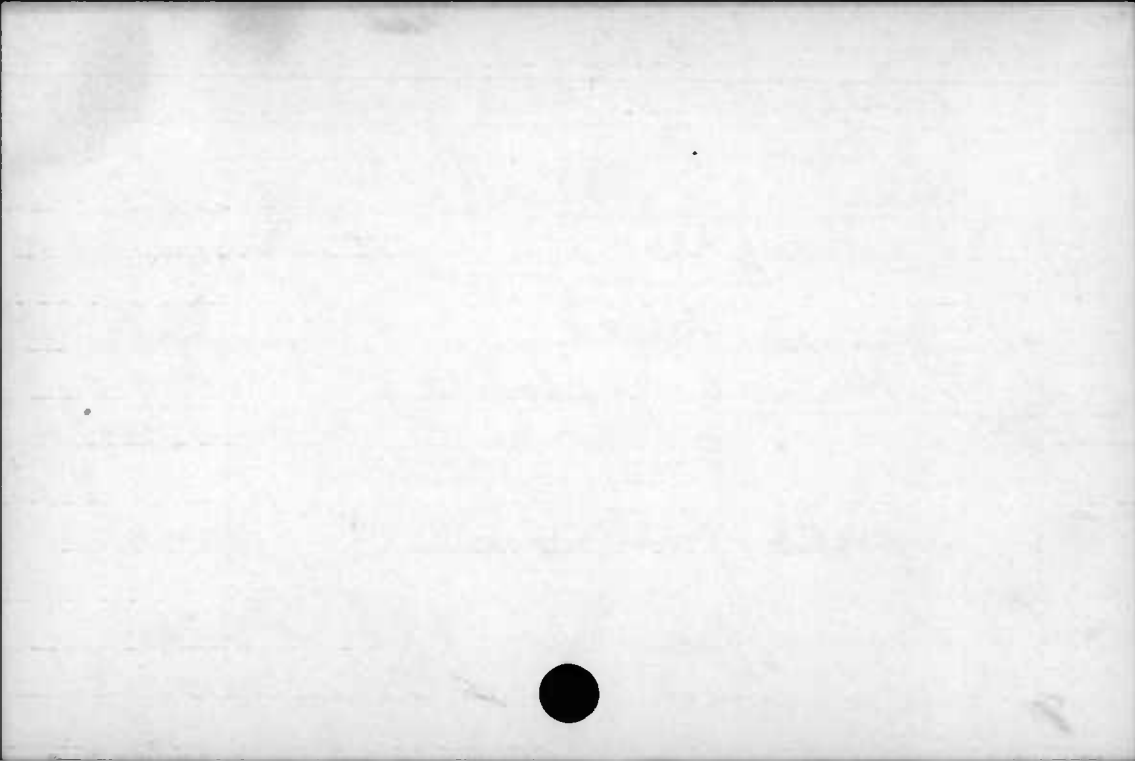
CAUSES OF DEATH

PHYSICIAN
OR CORONER

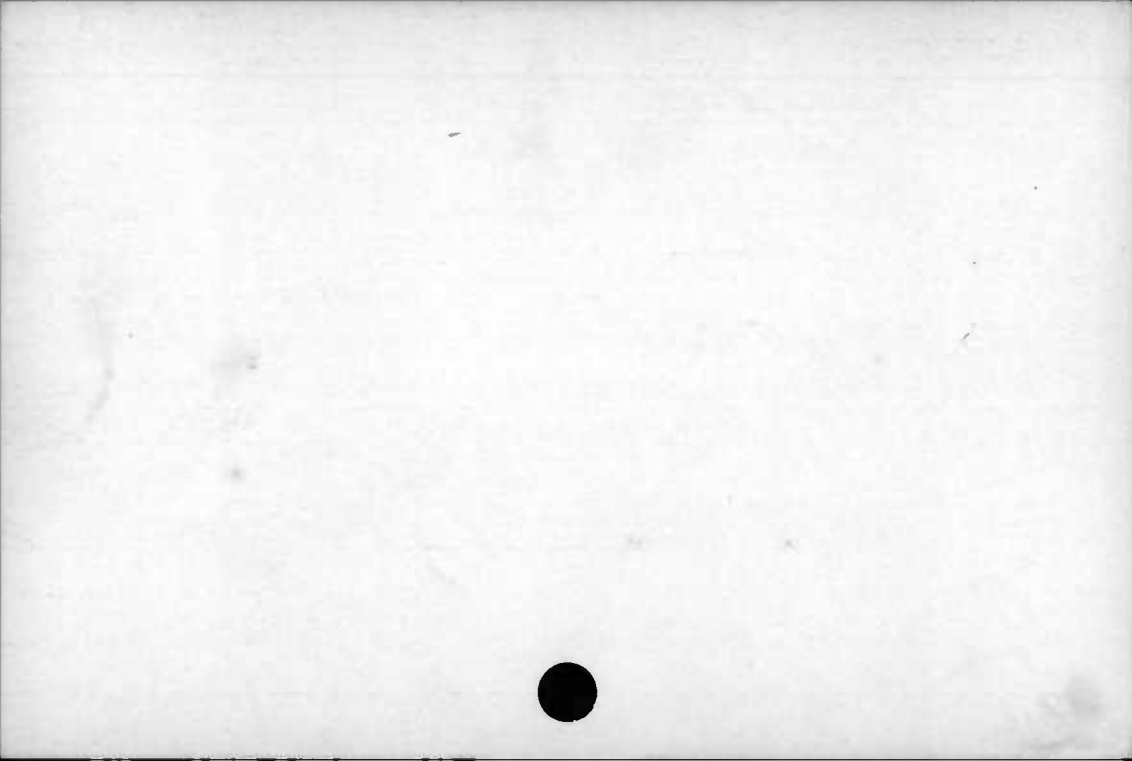
| | | | | |
|--|-------------|------------------------|----------------|------------|
| Primary | Cold | 93 | How long | Don't know |
| Immediate | Pneumonia | | How long | 4 days |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. W. Duffoi's | |
| Reported by | George Hall | Address | Lambills Md | |
| Accident or Suicide? | George Hall | | | |



| | | | |
|-------------------------------------|--|------------------------------|--|
| Name in Full John Hb Hall | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at At Town Sage Bottom County At | | MARYLAND |
| | Date of death 190 3 | Month March | Day 19th Age 19 yrs |
| | Sex Male | Color or Race colored | Birth-place At county |
| | Married, Single or Widowed Single | | Occupation Laborer |
| | Name of Wife or Husband | | |
| | Father's Name Thomas Hall | | Father's Birthplace At Co. |
| | Mother's Maiden Name Frances Goodrich | | Mother's Birthplace At Co. |
| | Name of person giving information Frances Hall | | How related to deceased mother |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary Tuberculosis 27 | | How long Two months |
| | Immediate Exhaustion | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician John Watson M.D. |
| | Yes | | Address Thomas Hall |
| | Accident or Suicide? | | |



| | | | | | | | | | | | | | |
|----------------------------------|--|--|--|-----------------------------------|--|------------------------|--|-------------------------|--|----------|--|---------|--|
| Name in Full | | Walter Hall | | | | CERTIFICATE OF DEATH | | | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | | County | | MARYLAND | | | | | |
| | | Date of death | | Month | | Day | | Years | | | | | |
| | | Sex | | Color or Race | | Birth-place | | Occupation | | | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | Father's Name | | Father's Birthplace | | | | | |
| | | Mother's Maiden Name | | Name of person giving information | | Mother's Birthplace | | How related to deceased | | | | | |
| | | 3 | | Mar | | 8 | | 0 | | 6 | | Days | |
| | | Male | | Black | | Ind. | | Ind. | | Ind. | | Brother | |
| | | Single | | | | | | | | | | | |
| PHYSICIAN OR CORONER | | CAUSES OF DEATH | | | | | | | | | | | |
| | | Primary | | Broncho-Pneumonia | | | | | | How long | | 9 wks | |
| | | Immediate | | | | | | | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | A. J. Perre | | | | | |
| 8 | | | | Address | | McKendree, Ind. | | | | | | | |
| | | Accident or Suicide? | | | | | | | | | | | |



| Name in Full | | Leamer | | | | CERTIFICATE OF DEATH | | | | |
|--|--|--------|-----------------------------|-----------------------------|--|---------------------------------------|--|--|-----------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Annapolis</i> ^{Town} | | | <i>Ad</i> ^{County} | | | MARYLAND | | | |
| | Date of death 190 <i>3</i> ^{Month} | | <i>March</i> ^{Day} | | <i>7th</i> ^{Years} | | Age <i>—</i> | | Months <i>—</i> | |
| | Sex | | Color or Race <i>W</i> | | | | Birth-place | | | |
| | Married, Single or Widowed | | | | Occupation | | | | | |
| | Name of Wife or Husband | | | | | | | | | |
| | Father's Name <i>Thomas E. Leamer</i> | | | | | | Father's Birthplace <i>Annapolis</i> | | | |
| | Mother's Maiden Name <i>May Simms</i> | | | | | | Mother's Birthplace <i>Annapolis</i> | | | |
| Name of person giving information <i>May Simms</i> | | | | | | How related to deceased <i>Mother</i> | | | | |
| CAUSES OF DEATH | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Stillborn d.</i> | | | | | | How long | | | |
| | Immediate | | | | | | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | | | Signature of Physician <i>Lizzie Fox</i> | | | |
| | <i>Yes</i> | | | | | | Address <i>Midwife</i> | | | |
| | Accident or Suicide? | | | | | | <i>Annapolis Md</i> | | | |



Died at *Green Runnie* Town *Green Runnie* County *aa* MARYLAND

Date 1903 *Mar. 13* Month *Mar.* Day *13* Y. *1* M. *6* D. *aa* Native of *aa* Occupation *—*

Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored Single Widower Number of children living

Husband
of
Wife

Father's Name *Reuben H. Knorr* Mother's Maiden Name *Alexia Jackson*

Cause of Death { Primary *Pneumonia* Immediate *meningitis* } How long sick *93* *5 days* Accident, Suicide, Homicide

Reported by *Thomas H. Grayshaw M.D.*
Address *Green Runnie*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Bessie Hardesty - | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|------------------------------|------------|-----------------------------------|--|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Friendship | | County A. A. | | MARYLAND | |
| | Date of death 1903 | Month Mar | Day 15 | Age 22 | Years | Months 6 | Days |
| | Sex Female | Color or Race White | | Birth-place Calvert Co | | | |
| | Married, Single or Widowed Single | | Occupation | | | | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name Emory Hardesty | | | Father's Birthplace Calvert Co | | | |
| | Mother's Maiden Name Alice Ogden | | | Mother's Birthplace Calvert Co | | | |
| | Name of person giving information Edwin H Sansbury | | | How related to deceased Friend | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Tuberculosis | | | | How long | Three years |
| | Immediate | Exhaustion and Heart Failure | | | | How long | 24 hours |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician J. L. Brayshaw | | |
| | | | | | Address Friendship Md | | |
| | Accident or Suicide? | | | | | | |



Name
in
Full

Waddell Gbith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|--------------------------------------|---|-----------------|-------|----------------------------|------------------|
| Died at | | Town | | County | |
| Annapolis | | Annapolis | | Annapolis | |
| Date of death 190 | 3 | Month | March | Day | 12 th |
| Age | | Years | | Months | |
| Sex | | Male | | Color or Race | |
| Married, Single or Widowed | | Occupation | | Birth- place | |
| Name of Wife or Husband | | George W. Gbith | | Father's Birthplace | |
| Father's Name | | Ida Jackson | | Mother's Birthplace | |
| Mother's Maiden Name | | George W. Gbith | | How related to deceased | |
| Name of person giving Information | | George W. Gbith | | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---------------------------|--------------|
| Primary | Still born | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | Susan Wright |
| | Address | Midwife |
| Accident or Suicide? | | |



Name
in
Full

Ola Hurrah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------|-------------------|---------------------------------------|----------|------------------|
| Died at <i>Fairfield</i> ^{Town} | | County <i>a a</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>3</i> | Day <i>1</i> | Age | Years | Months <i>10</i> |
| Sex <i>Female</i> | Color or Race <i>Col</i> | | Birth-place <i>Md</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation | | |
| Name of Wife or Husband <i>-</i> | | | | | |
| Father's Name <i>Wm Hurrah</i> | | | Father's Birthplace <i>N C</i> | | |
| Mother's Maiden Name <i>Ella Tuckey</i> | | | Mother's Birthplace <i>N C</i> | | |
| Name of person giving information <i>Wm Hurrah</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|----------------------|
| Primary <i>Pneumonia</i> | <i>93.</i> | How long <i>1 wk</i> |
| Immediate <i>-</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Chas. B. Brooke</i> | |
| | Address <i>Brooklyn</i> | |
| Accident or Suicide? <i>X</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

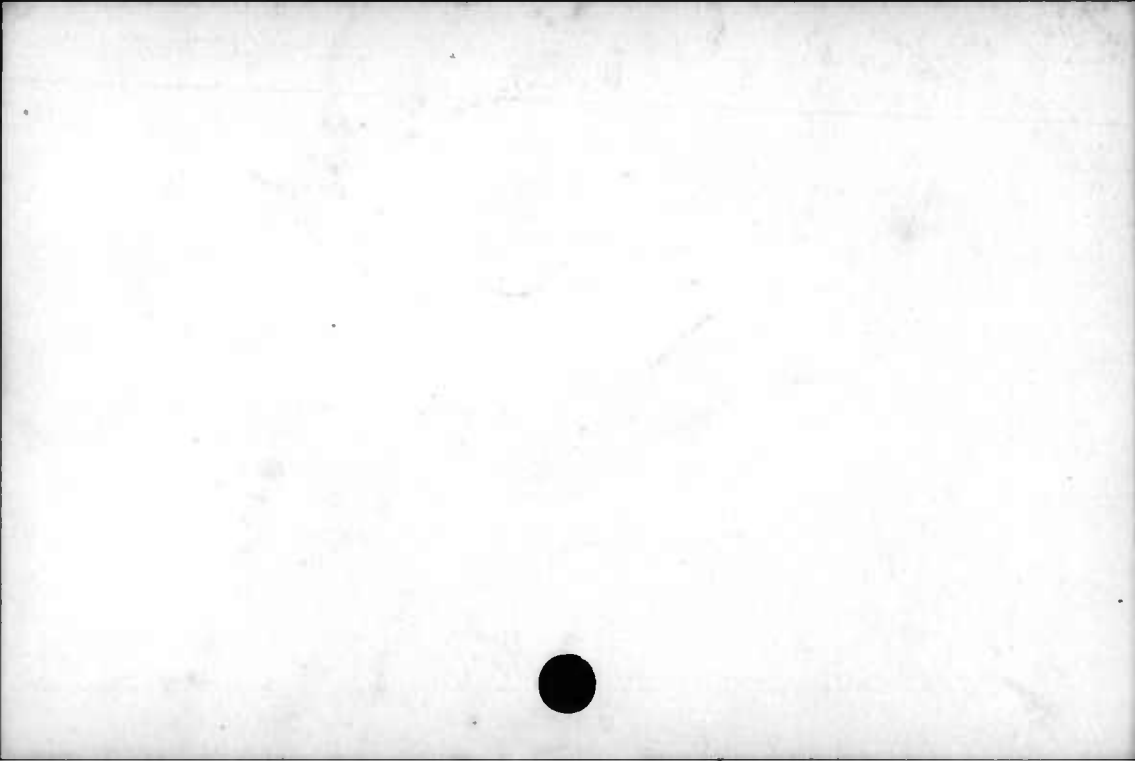
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|-----|-------------------|------------------|----------------------|---|-----------------|--------------|
| Died at | | Town Annapolis | | County A. A. | | MARYLAND | |
| Date of death 190 | 3 | Month March | 18 | Day | 1 | Years | Months 11 |
| Sex | man | | Color or Race | Black | | Birth- place | A. A. Co. |
| Married, Single or Widowed | | | | Occupation Infant | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Charles Hurt | | | |
| Mother's Maiden Name | | | | Alice Gaither | | | |
| Name of person giving information | | | | Char. Hurt | | | |
| Father's Birthplace | | | | Va | | | |
| Mother's Birthplace | | | | Md | | | |
| How related to deceased | | | | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------|---------------------|--------|
| Primary | Menses | How long | 9 days |
| Immediate | Meningitis | How long | 5 days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | W. L. Harrison M.D. | |
| Address | | Baraga | |
| Accident or Suicide? | | No | |



| Name in Full | | Mrs. Flavilla Jams | | | | CERTIFICATE OF DEATH | |
|---|--|--------------------|-------|---------------|-------------------------|------------------------|-------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Solley | | Town | an a. | | County |
| | Date of death | 1903 | March | 26 | Age | 67 | Years |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | Married or Widowed | | | Occupation | | | |
| | Name of Wife or Husband | VanBuren Jams | | | | | |
| | Father's Name | John Speed | | | | Father's Birthplace | Unknown |
| | Mother's Maiden Name | Unknown | | | | Mother's Birthplace | 11 |
| Name of person giving information | Mrs Jwsolley | | | | How related to deceased | Sister | |
| PHYSICIAN OR CORONER | CAUSES OF DEATH | | | | | | |
| | Primary | General Debility | | | | How long | 2 years |
| | Immediate | Bronchitis | | | | How long | 2 months |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | | | Signature of Physician | J. B. Norton M.D. |
| | | | | | Address | S. Balto. Md. | |
| <div> <div> </div> <div> Accident or Suicide? </div> </div> | | | | | | | |



| | | | | | | | |
|---|--|--|--|--------------------------------------|--|----------------------|--|
| Name Maria Louisa Jacobs | | Town Waterbury | | County Anne Arundel | | CERTIFICATE OF DEATH | |
| Died at Waterbury | | Month 3 | | Day 30 | | Years 58 | |
| Date of death 190 3 | | Months | | Days | | MARYLAND | |
| Sex Female | | Color or Race African | | Birthplace Charles County, Md | | | |
| Married, Single or Widowed Married | | Occupation Housekeeper | | | | | |
| Name of Wife or Husband Nathaniel Jacobs | | | | | | | |
| Father's Name John Parsons | | Father's Birthplace Charles Co | | | | | |
| Mother's Maiden Name Catharine Mason | | Mother's Birthplace DO | | | | | |
| Name of person giving information J. M. Jacobs | | How related to deceased Son | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Complication of diseases viz Typhoid Pneumonia with Oculalgia | | How long 3 weeks | | | | | |
| Immediate Phthisis Pulmonalis | | How long 3 months | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician W. D. Davis M.D. | | | | | |
| | | Address Gambrells Rd | | | | | |
| Accident or Suicide? | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie M. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Annapolis ^{County} AADate of death 1903 ^{Month} March ^{Day} 20th ^{Years} Age 48 ^{Months} ^{Days}Sex Female ^{Color or Race} colored ^{Birth-place} Annapolis^{Married, Single or Widowed} Single ^{Occupation} book^{Name of Wife or Husband}^{Father's Name} Henry Johnson ^{Father's Birthplace} Annapolis^{Mother's Maiden Name} Rebecca Blackstone ^{Mother's Birthplace} Annapolis^{Name of person giving information} Maria Parker ^{How related to deceased} Friend

CAUSES OF DEATH

^{Primary} Probably Influenza ^{How long} 10 ^{Four days}^{Immediate} Heart Failure ^{How long} Sudden death

Are the name, age, sex, color, date and place correctly given above?

yes

^{Signature of Physician}No Physician in attendance
^{Address} John Ridout M.D.
Health Officer

Accident or Suicide?

Charles H. Feldmeyer Acting Coroner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

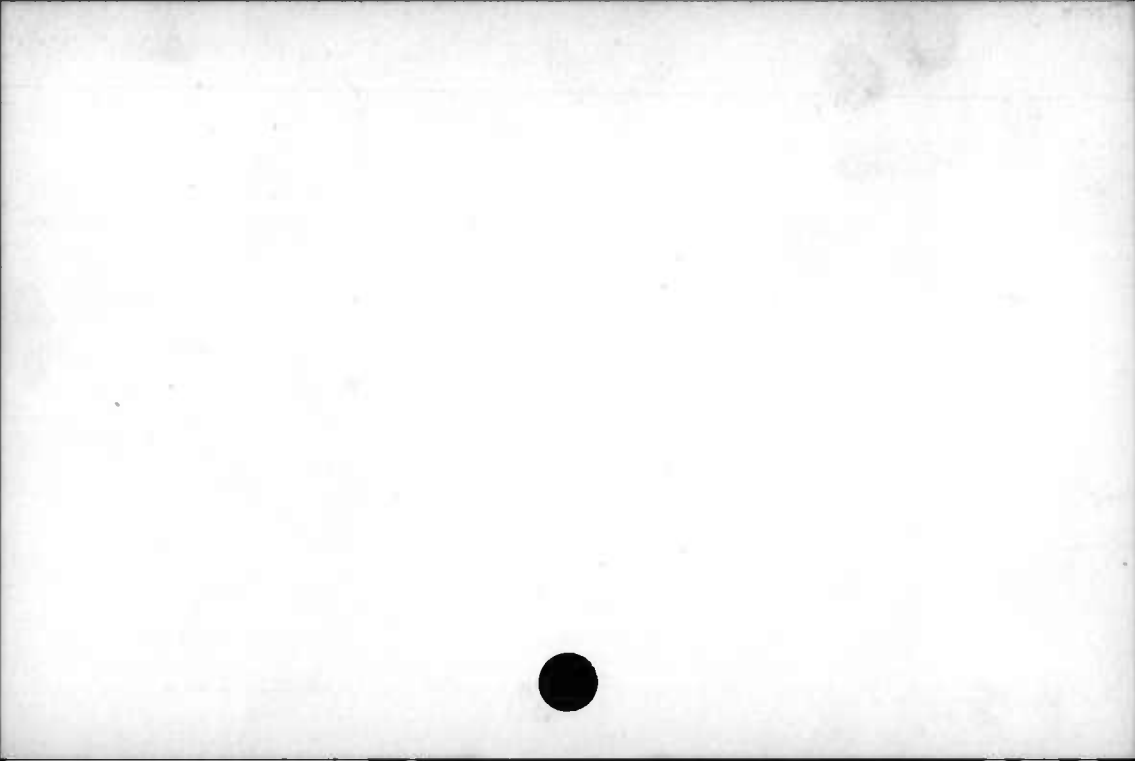
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|-----------------|-------------------------------|----------------------------|-------------------------|----------------|--|
| Died at <i>Curtis Bay</i> | | Town <i>Bay</i> | | County <i>Anne Arundel</i> | | MARYLAND | |
| Date of death 1903 | Month <i>March</i> | Day <i>4</i> | Age | Years | Months <i>7</i> | Days <i>14</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Curtis Bay</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | | Father's Birthplace | | |
| Mother's Maiden Name | | | | | Mother's Birthplace | | |
| Name of person giving information <i>71</i> | | | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Convulsions</i> | How long <i>7 days</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Samuel A. Curtis, M.D.</i> |
| | Address <i>Johns Hopkins Univ.</i> |
| Accident or Suicide? | |



Name
In
Full

Mary Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|-------------------------------------|------------------------------------|----------|------|
| Died at <i>Annapolis</i> ^{Town} | | <i>U.A.</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>8</i> | <i>March</i> ^{Month} | <i>3^d</i> ^{Day} | Age <i>81</i> ^{Years} | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Married, Single or Widowed <i>Widowed</i> | | | Occupation | | |
| Name of Wife or Husband <i>Nathaniel Mason</i> | | | | | |
| Father's Name <i>James Scally</i> | | | Father's Birthplace <i>Ireland</i> | | |
| Mother's Maiden Name <i>J.</i> | | | Mother's Birthplace | | |
| Name of person giving information <i>J. Mason</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-----------------------------|--|
| Primary | <i>Dysentery of Old Age</i> | How long <i>154</i> |
| Immediate | <i>Bronchitis</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Geo Wells M.D.</i> |
| | | Address <i>Annapolis Md.</i> |
| Accident or Suicide? | | |



Mary McDonald

Town

County

Died at

Elkview

a a

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

March 2

Age 31

a a c

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

of

Robert McDonald

Wife

Father's

Name

Jacob Owens

Mother's

Maiden Name

Mary Dorsey

Cause of

Primary

Consumption

How long sick

One year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

W B Bray Chan

Address

Elen Beckman May Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

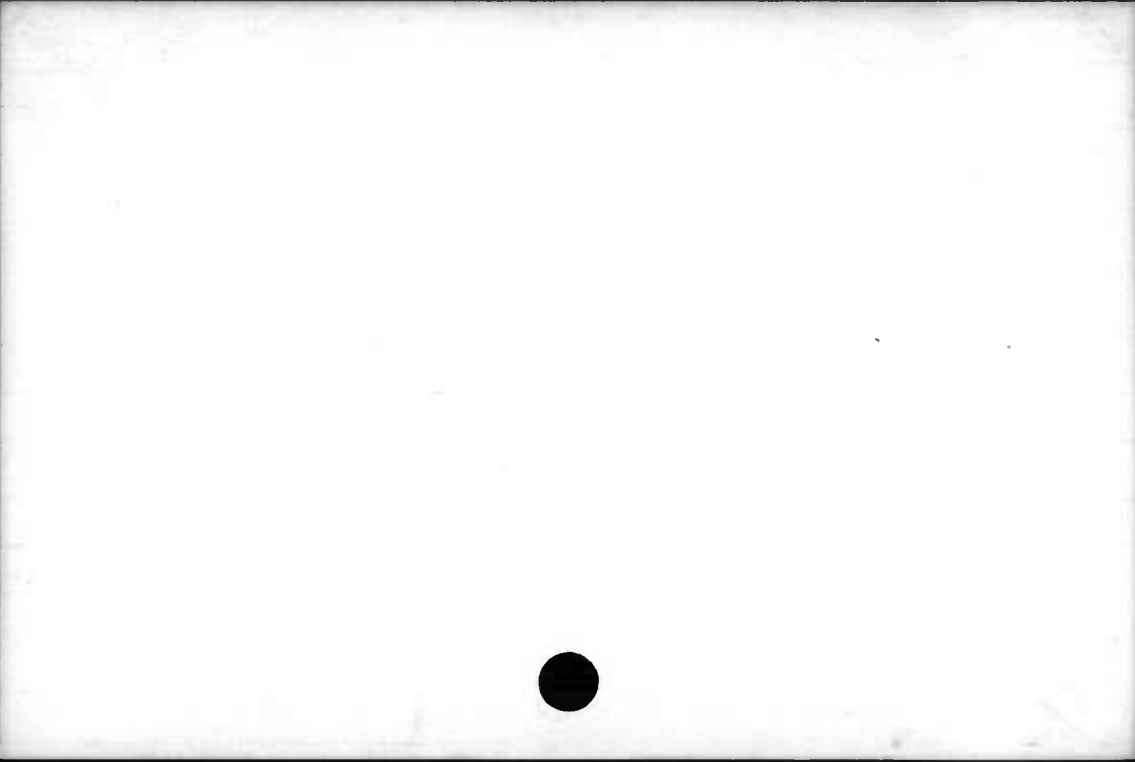
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------|--|--------------------------------------|--|--------------------|--|
| Name in Full <i>John Thomas Milbourn</i> | | Town <i>Prussup</i> | | County <i>Anne Arundel</i> | | MARYLAND | |
| Died at | | Month <i>3</i> | | Day <i>1</i> | | Years <i>17</i> | |
| Date of death 190 | | Month <i>3</i> | | Day <i>1</i> | | Age <i>17</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>MD</i> | | Months <i>—</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>—</i> | | | | | |
| Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>—</i> | | | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>—</i> | | | | How related to deceased <i>27</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Tuberculosis</i> | | How long <i>3 Months</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>C. D. Carries MD</i> | |
| | | Address <i>Physician in charge of MD House of Correction - Prussup - MD</i> | |
| Accident or Suicide? <i>8</i> | | | |



Name
in
Full

Mt Caroline Murray

CERTIFICATE OF DEATH

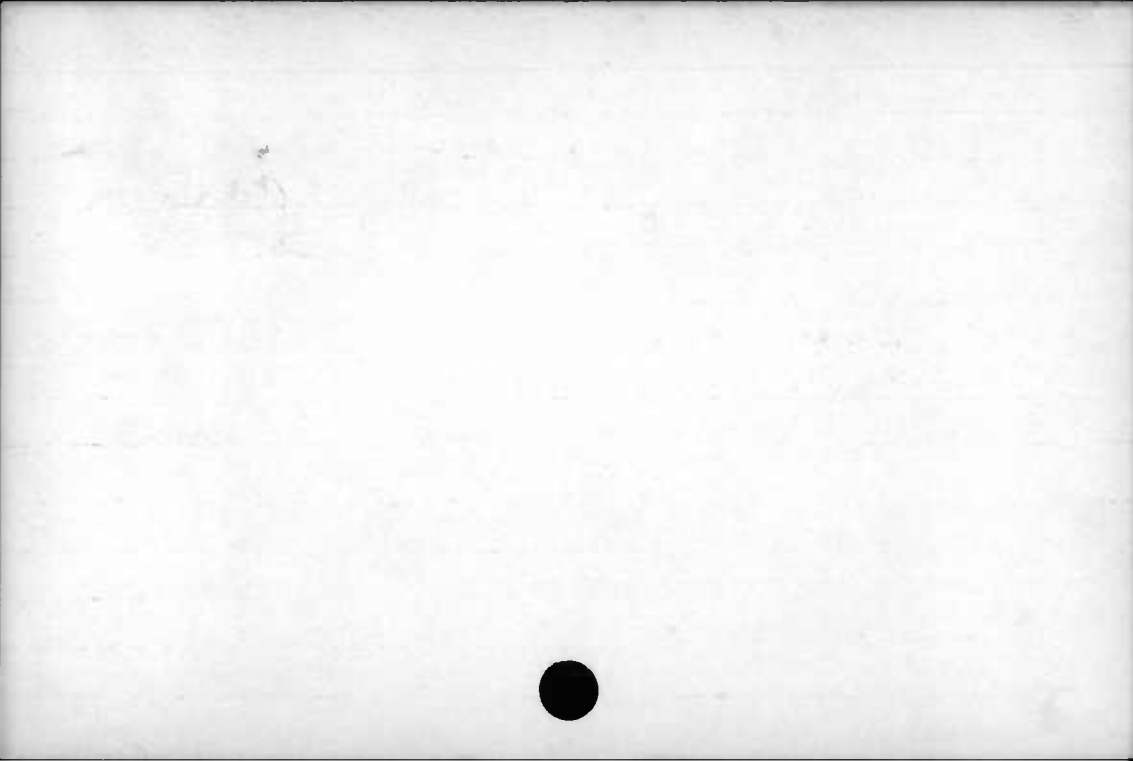
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---------------------------|--|-----------------|----------------|
| Died at <u>West River</u> Town | | <u>ad</u> County | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>Mar</u> | Day <u>3</u> | Age <u>42</u> Years | Months <u>3</u> | Days <u>15</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Virginia</u> | | |
| Married, Single or Widowed <u>Single</u> | | Occupation <u>nothing</u> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>Edward Murray</u> | | | Father's Birthplace <u>West River Md</u> | | |
| Mother's Maiden Name <u>Rouise Bowdine</u> 118 | | | Mother's Birthplace <u>Phila Pa</u> | | |
| Name of person giving information <u>Mrs Morris Chester</u> | | | How related to deceased <u>Sister</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>appendicitis</u> | How long <u>3 days</u> |
| Immediate <u>death from operation</u> | How long <u>3 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Esau W. Katerines MD</u> |
| | Address <u>West River Md</u> |
| Accident or Suicide? <u>neither</u> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|------------------|-------------------------|---|------|-----------------------|--|
| Died at <i>1230 P.M.</i> | | Town <i>P.A.</i> | | County <i>A.A.</i> | | State <i>MARYLAND</i> | |
| Date of death 190 <i>3</i> | Month <i>March</i> | Day <i>10</i> | Years <i>47</i> | Months | Days | | |
| Sex <i>female</i> | Color or Race <i>White</i> | | Birth-place <i>Bato</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation | | | | | |
| Name of Wife or Husband <i>B. F. Nolte</i> | | | | | | | |
| Father's Name | | | | Father's Birthplace <i>P. C. Schaefer</i> | | | |
| Mother's Maiden Name | | | | Mother's Birthplace <i>C. C. Schaefer</i> | | | |
| Name of person giving information <i>Mari Ogala Smith</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Valv Heart Disease + Nephritis</i> | How long <i>16 mos</i> |
| Immediate <i>Heart Disease</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. J. Murphy</i> |
| <i>79</i> | Address <i>#4 Randall St</i> |
| Accident or Suicide? | |



Name
in
Full

Alvin Oaksmith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---|----------------------------|--------------|------------------------------------|---------------------|-----------------|----------------|--|----------|--|
| Died at <i>West Annapolis</i> | | Town | | <i>Anne Arundel</i> | | County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>March</i> | Day <i>7</i> | Age <i>70</i> | Years | Months <i>1</i> | Days <i>21</i> | | | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Maine</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Merchant</i> | | | | | | | | |
| Name of Wife or Husband <i>Helena Oaksmith (Alvin)</i> | | | | | | | | | |
| Father's Name <i>Seber Oak Smith</i> | | | Father's Birthplace <i>Maine</i> | | | | | | |
| Mother's Maiden Name <i>Elizabeth Jones</i> | | | Mother's Birthplace <i>Maine</i> | | | | | | |
| Name of person giving information <i>Alvin Oaksmith Jr.</i> | | | How related to deceased <i>Son</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Loe Grip</i> | How long <i>5 days</i> |
| Immediate <i>Angina Pectoris</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Geo Wells M.D.</i> |
| <i>10</i> | Address <i>Annapolis, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Mary E Page

CERTIFICATE OF DEATH

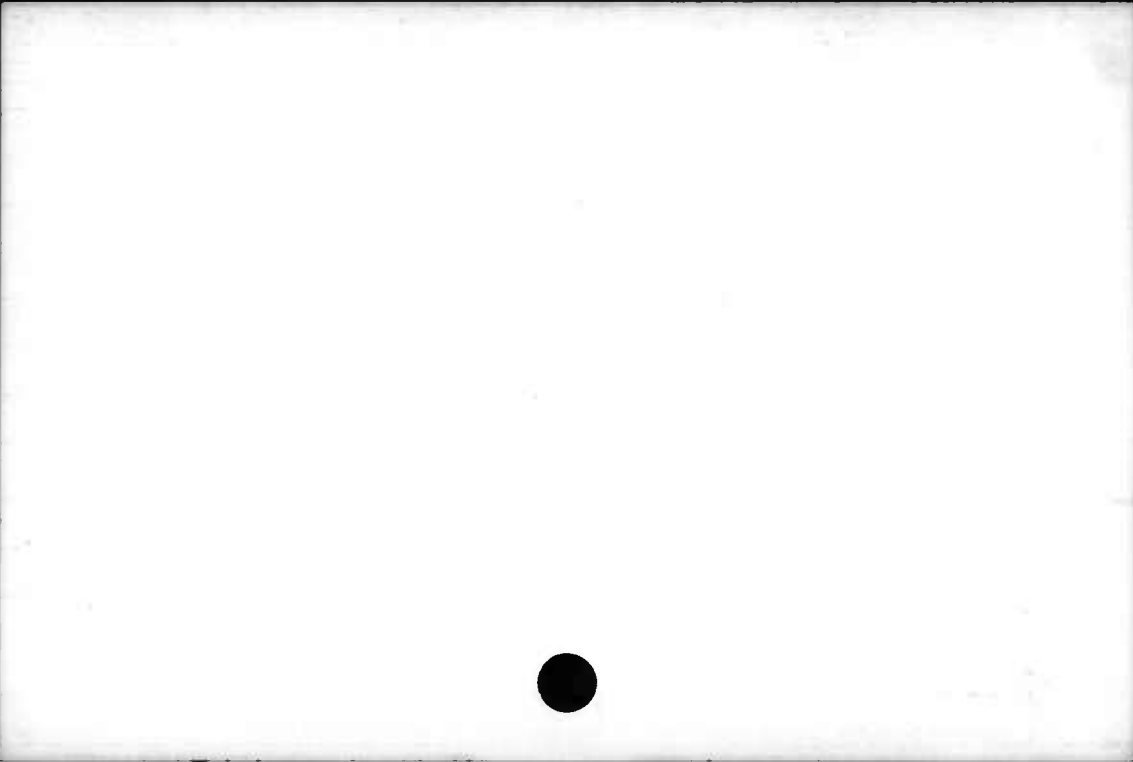
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-----------------------------|-------------------------|--------------------------------------|------------|-------------|------|
| Died at | | Town Annapolis | | County AA | | MARYLAND | |
| Date of death 1903 | | Month March | Day 31 st | Age 1 | Years 1 | Months 6 | Days |
| Sex Female | | Color or Race Colored | | Birth- place Annapolis | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name Wm Page | | | | Father's Birthplace Atled. | | | |
| Mother's Maiden Name Eliza Kimball | | | | Mother's Birthplace Atled. | | | |
| Name of person giving information Eliza Page | | | | How related to deceased Mother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------|--|-----------------|
| Primary | Marasmus | How long | Six weeks |
| Immediate | Exhaustion | How long | 10 ⁵ |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician John Ridout, M.D. | |
| | | Address Annapolis Md | |
| Accident or Suicide? | | | |



Certificate of Death

Died at *Glenn Burnie* ^{Town} *Anne Arundel* ^{County} MARYLAND

Husband of
Wife

Father's Name *John Pemberton* Mother's Maiden Name *Louisa Stickney*

| | | | | |
|----------|-----------|---------------|-----------------------------|--------|
| Cause of | Primary | Pneumonia | How long sick | 4 days |
| Death | Immediate | Heart failure | Accident, Suicide, Homicide | |

Reported by Thomas H Gray Shaw

Address: Levi Pennell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7009



Name
in
Full

CERTIFICATE OF DEATH

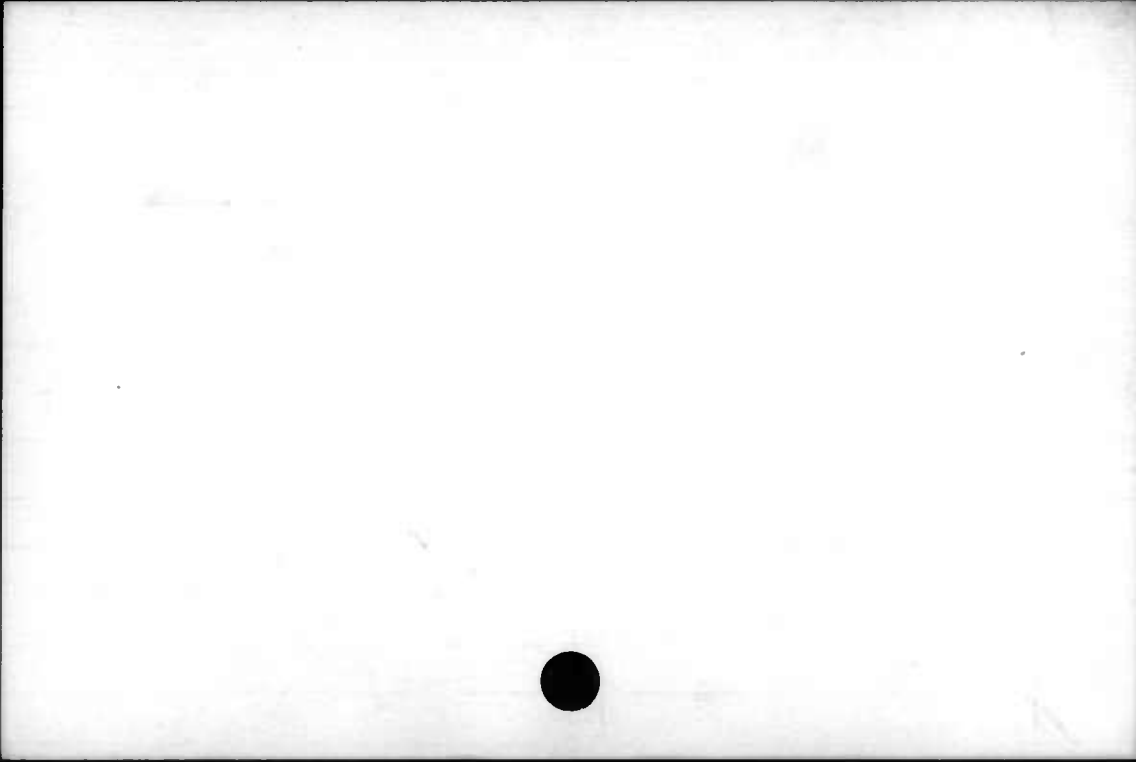
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|---------------------------------|--|-------------------|--|
| Name in Full <i>Margaret May Purvis</i> | | Town <i>Annapolis</i> | | County <i>A. A.</i> | | MARYLAND | |
| Died at | | Date of death 1903 | | Age | | Months | |
| | | Month <i>3</i> | | Years <i>20</i> | | Days <i>10</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Annapolis</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Hugh Purvis</i> | | Father's Birthplace <i>Philadelphia</i> | | | | | |
| Mother's Maiden Name <i>Alice Jackson</i> | | Mother's Birthplace <i>Chilton</i> | | | | | |
| Name of person giving information <i>Hugh Purvis</i> | | How related to deceased <i>120</i> <i>Brother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Parenchymatous Nephritis</i> | How long <i>several years</i> |
| Immediate <i>Malarial fever & uraemia</i> | How long <i>3 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Sewell S. Hephburn</i> |
| | Address <i>Annapolis Md.</i> |
| Accident or Suicide? <i>No.</i> | |



Name
in
Full

John Alexander Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Leitch ^{County} Anne Arundel

MARYLAND

Date of death 190 3 ^{Month} Mar. ^{Day} 3 ^{Years} 64 ^{Months} 3 ^{Days} —

Sex Male Color or Race White Birth-place Calvert Co. Md.

Married, Single or Widowed Widower Occupation Farmer

Name of Wife or Husband —

Father's Name John Rawlings Father's Birthplace Md.

Mother's Maiden Name Jane Patterson Mother's Birthplace Md.

Name of person giving information Andrew Rawlings How related to deceased Son

CAUSES OF DEATH

Primary Cerebral haemorrhage How long 3 days

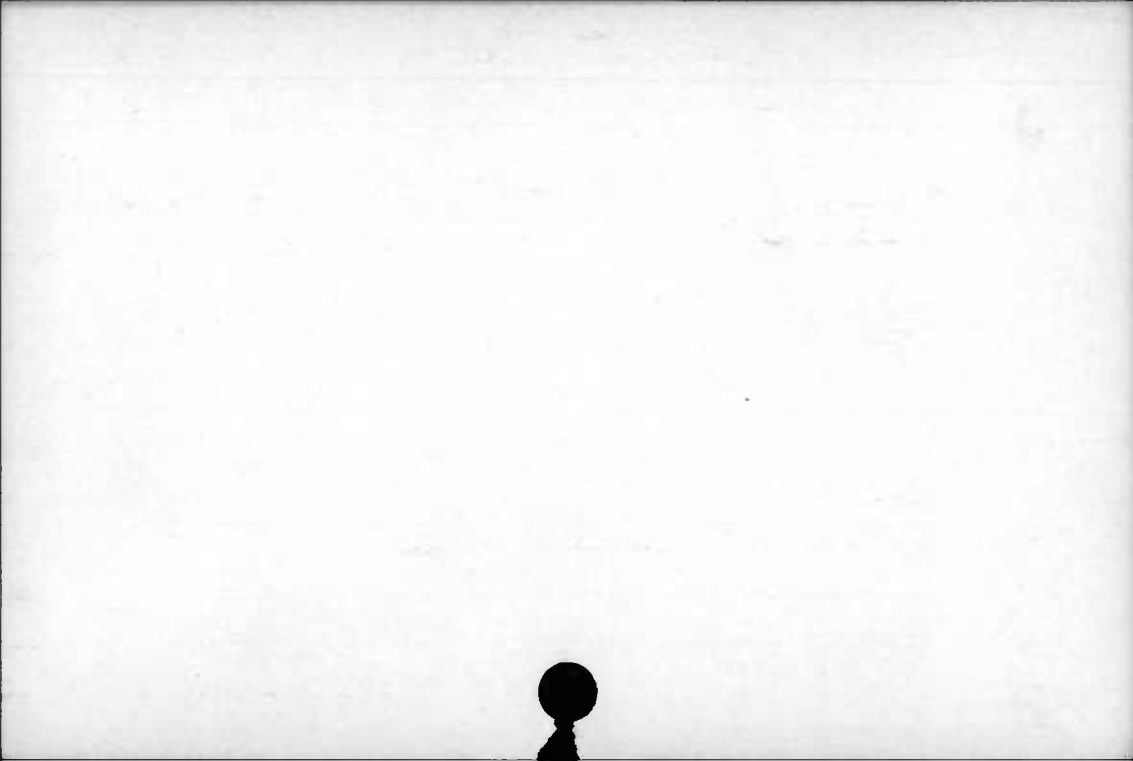
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. H. Perrie

Address Wickenden, Md.

PHYSICIAN
OR CORONER

Accident or Suicide? —



Name
in
Full

Georgeanna Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-----------------------------|-------------------------|--------------------------------------|--|----------|------|
| Died at | | Town Annapolis | | County Ad | | MARYLAND | |
| Date of death 1903 | | Month March | Day 29 th | Years 21 | | Months | Days |
| Sex Female | | Color or Race Colored | | Birth- place Annapolis | | | |
| Married, Single or Widowed | | Single | | Occupation Housework | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name Golly Richardson | | | | Father's Birthplace Annapolis | | | |
| Mother's Maiden Name Harriet Bailey | | | | Mother's Birthplace Annapolis | | | |
| Name of person giving In formation Golly Richardson | | | | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------|--|--------|
| Primary | Syphilis | How long | Months |
| Immediate | Asthma | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician No Physician | |
| yes | | Address Investigated by Health Officer | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

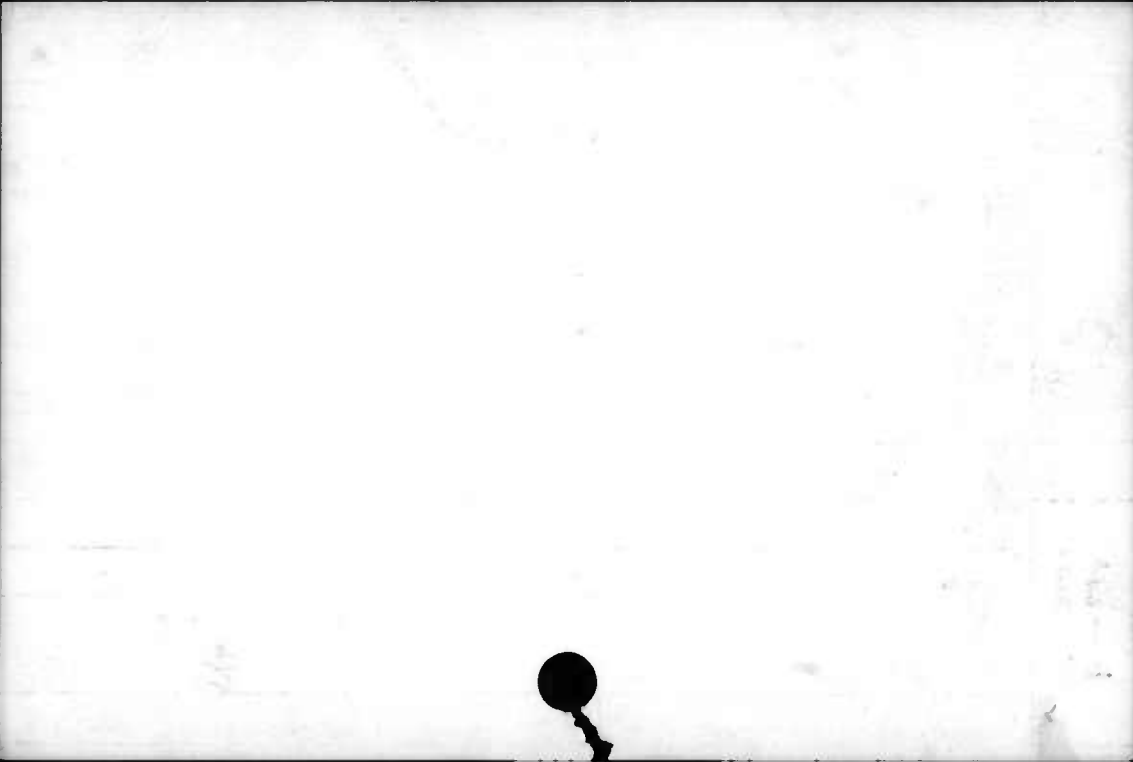
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|------------------------------|--------------------------------------|----------------------------|--------------------------|
| Died at <u>Annapolis</u> ^{Town} | | <u>H H</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | <u>March</u> ^{Month} | <u>9</u> ^{Day} | Age <u>4</u> ^{Years} | <u>4</u> ^{Months} | <u>4</u> ^{Days} |
| Sex <u>Boy</u> | Color or Race <u>W</u> | | Birth-place <u>Annapolis</u> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>James Edgar Richardson</u> | | | Father's Birthplace <u>Annapolis</u> | | |
| Mother's Maiden Name <u>Mary T. Richardson</u> | | | Mother's Birthplace <u>Baltimore</u> | | |
| Name of person giving Information <u>Father</u> | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Premature Birth</u> | How long <u>4</u> ^{days} |
| Immediate <u>"</u> | How long <u>"</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Geo. Wells</u> |
| <u>yes.</u> | Address <u>Annapolis</u> |
| Accident or Suicide? <u>no.</u> | <u>Maryland.</u> |



Name
in
Full

Eli Gb. Samuels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|--|--|-----------------------|---------------------|--------------|----------------------------|----------------|
| Died at | | Town <i>Annapolis</i> | | County <i>Ad</i> | | MARYLAND | |
| Date of death 190 | | 3 | Month <i>March</i> | Day <i>1st</i> | Years Age | 63 | Months Days |
| Sex | | <i>male</i> | | Color or Race | | <i>colored</i> | |
| Married, Single or Widowed | | <input checked="" type="checkbox"/> Single | | Occupation | | <i>laborer</i> | |
| Name of Wife or Husband | | <i>Mary Lee</i> | | | | | |
| Father's Name | | <i>Unknown</i> | | | | Father's Birthplace | |
| Mother's Maiden Name | | <i>Unknown</i> | | | | Mother's Birthplace | |
| Name of person giving In formation | | <i>Mary Lee</i> | | | | How related to deceased | |
| | | <i>190</i> | | | | <i>wife</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | |
|---|--|---|--|---------------------------|--|-------------------------|--|
| Primary | | <i>Asthma & chronic</i> | | How long | | <i>Months</i> | |
| Immediate | | <i>Nephritis Exhaustion</i> | | How long | | | |
| Are the name, age, sex, color, date and place correctly given above? | | <input checked="" type="checkbox"/> Yes | | Signature of Physician | | <i>John Ridout M.D.</i> | |
| | | | | Address | | <i>Annapolis Md</i> | |
| Accident or Suicide? | | <input checked="" type="checkbox"/> No | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

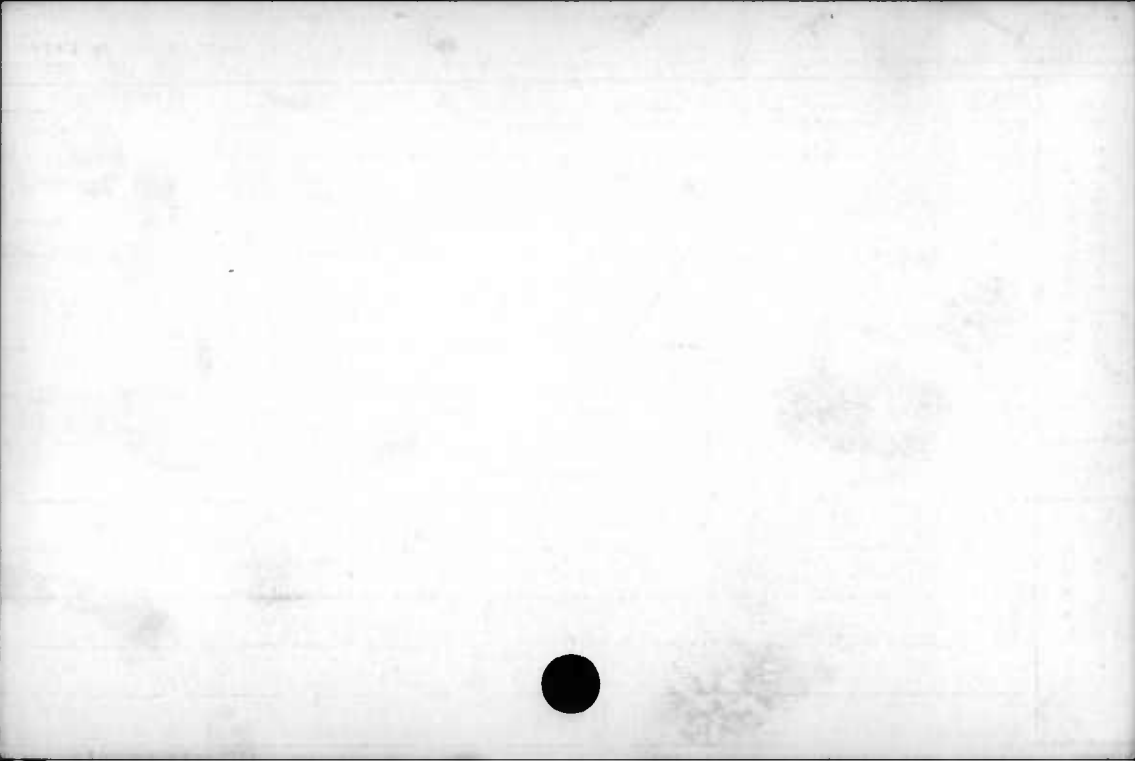
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------------------------|-----------------------------|---|----------------|-----------------|
| Died at <i>Annapolis</i> | | <i>Anne Arundel</i> County | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>March</i> | Day <i>28</i> | Age <i>47</i> | Years <i>—</i> | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>Caucasian</i> | Birth-place <i>MD</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Housewife</i> | | | |
| Name of Wife or Husband <i>William Dennis</i> | | | | | |
| Father's Name <i>Frank Robinson</i> | | | Father's Birthplace <i>MD</i> | | |
| Mother's Maiden Name <i>Ellen Smyth</i> | | | Mother's Birthplace <i>MD</i> | | |
| Name of person giving information <i>William Dennis</i> | | | How related to deceased <i>Daughter</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Cancer of the Stomach</i> | How long <i>Months</i> |
| Immediate <i>General Dropsy</i> | How long |
| <i>Asthma</i> | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>John Ridout MD</i> |
| <i>Yes</i> <i>40</i> | Address <i>Annapolis Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-----------------|--|-------------------------|--|--------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 190 3 | | Month | | Day | | Years | |
| March | | 7th | | Age | | 35 yr | |
| Sex | | Male | | Color or Race | | Colored | |
| Married, Single or Widowed | | Single | | Occupation | | Good carrier | |
| Name of Wife or Husband | | Barrie Bailey | | Father's Birthplace | | Annapolis | |
| Father's Name | | Joseph Simpson | | Mother's Birthplace | | Annapolis | |
| Mother's Maiden Name | | Minerva Simpson | | How related to deceased | | Wife | |
| Name of person giving information | | Barrie Simpson | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------|------------------------|----|-------------|
| Primary | Influenza | How long | 10 | Three weeks |
| Immediate | Gyphoid State | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| yes | | John Ridout MD | | |
| | | Address | | |
| | | Annapolis | | |
| | | Md - | | |
| Accident or Suicide? | | | | |



Catherine Snowden

Town

County

Died at near Blue Burnie Anne Arnold MARYLAND

Date 1903 March 6 Age 40 Y. M. D. Native of Occupation
 Male White Married Widowed Divorced Housewife
 Female Colored Single Widower Number of children living 2

Husband of
 Wife of Matthias Snowden

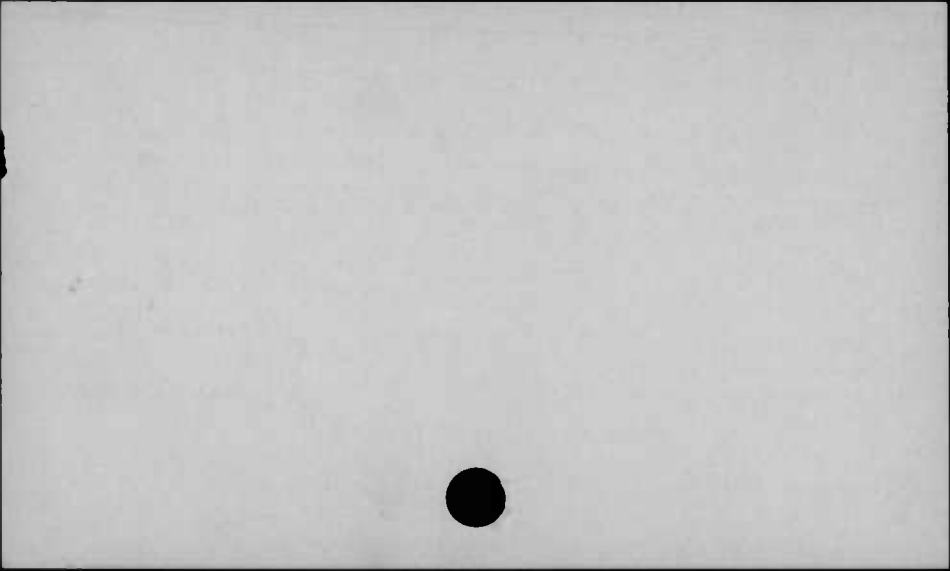
Father's Name Walter Queen Mother's Name Susan Queen
 Maiden Name

Cause of Death { Primary Measles Complicated with Pneumonia How long sick 7 days
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by Thomas H. Grayshaw

Address Blue Burnie 6

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lloyd Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------------|-------------------------|------------------------------|--|----------|------|
| Died at | | Town Annapolis | | County Ad | | MARYLAND | |
| Date of death 1903 | | Month March | Day 11 th | Years Age 63 | | Months | Days |
| Sex Male | | Color or Race 1/2 colored | | Birth- place Annapolis | | | |
| Married, Single or Widowed Married | | Occupation Laborer | | | | | |
| Name of Wife or Husband Charriet Gzler | | | | | | | |
| Father's Name James Stewart | | Fether's Birthplace Annapolis | | | | | |
| Mother's Meiden Name Mithie Stewart | | Mother's Birthplace Annapolis | | | | | |
| Name of person giving In formation Charriet Stewart | | How related to deceased Wife | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary Heart Failure 10 following an attack of influenza | How long sudden death |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician Seen by John Ridout M.D. after death |
| Address | |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

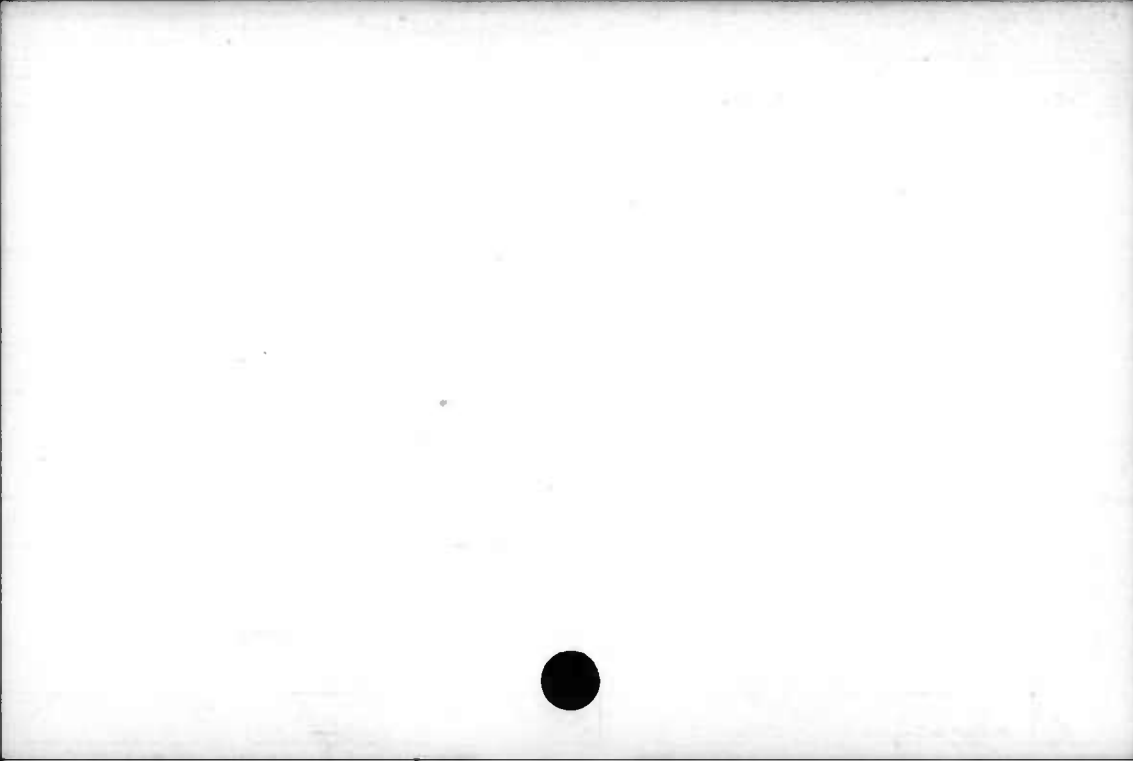
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------|--|--|--|-----------------------|--|
| Name in Full <i>Margaret Anna Strange</i> | | Town <i>Annapolis</i> | | County <i>A. A. Co</i> | | MARYLAND | |
| Died at <i>Annapolis</i> | | Month <i>3 March</i> | | Day <i>4th</i> | | Age _____ Years | |
| Date of death 190 <i>3 March 4th</i> | | Months _____ 6 | | Days <i>6</i> | | | |
| Sex <i>Girl Female</i> | | Color or race <i>White</i> | | Birthplace <i>Annapolis</i> | | | |
| Married, Single or Widowed _____ Occupation _____ | | | | | | | |
| Name of Wife or Husband _____ | | | | | | | |
| Father's Name <i>Thos. E. Strange</i> | | | | Father's Birthplace <i>Annapolis</i> | | | |
| Mother's Maiden Name <i>Rosa Lena Snijjs</i> | | | | Mother's Birthplace <i>A. A. Co</i> | | | |
| Name of person giving Information <i>T. E. S.</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Inanition & Bronchitis</i> | How long <i>6 days</i> (since birth) |
| Immediate <i>Athemia 90</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes, (as corrected)</i> | Signature of Physician <i>Chas. D. Duprel</i> |
| | Address <i>Annapolis, Maryland</i> |
| Accident or Suicide? _____ | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------------------------|----------------------------------|--|--------------------------------|------------------------------|
| Died at <u>Hammans</u> <small>Town</small> | | <u>Act</u> <small>County</small> | | MARYLAND | |
| Date of death 190 <u>3</u> | <u>March</u> <small>Month</small> | <u>16</u> <small>Day</small> | Age <u>32</u> <small>Years</small> | <u>X</u> <small>Months</small> | <u>X</u> <small>Days</small> |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | | Birth- place <u>Va</u> | | |
| Married, Single or Widowed <u>Married</u> | Occupation <u>laborer</u> | | | | |
| Name of Wife or Husband <u>Jennie White</u> | | | | | |
| Father's Name <u>X</u> | | | Father's Birthplace | | |
| Mother's Maiden Name <u>Carolyn Taylor</u> | | | Mother's Birthplace <u>Va</u> | | |
| Name of person giving information <u>Jimi White</u> | | | How related to deceased <u>Brother in law</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Bronchial Trouble</u> <u>gg</u> | How long <u>3 Months</u> |
| Immediate <u>X</u> | How long <u>X</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>D. H. Tongue</u> |
| <u>X</u> Accident or Suicide? | Address <u>Est. ridge</u> <u>Md</u> |



Name
in
Full

Aaron Gougue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|------------------|---------------------------------------|----------|------|
| Died at <u>Town</u> <u>Annapolis</u> | | <u>AA</u> County | | MARYLAND | |
| Date of death 1903 | Month <u>March</u> | Day <u>10th</u> | Years <u>29</u> | Months | Days |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | | Birth-place <u>Annapolis</u> | | |
| Married, Single or Widowed <u>Single</u> | | | Occupation <u>Laborer</u> | | |
| Name of Wife or Husband <u>Mary Leanor</u> | | | | | |
| Father's Name <u>Aaron Gougue</u> | | | Father's Birthplace <u>Annapolis</u> | | |
| Mother's Maiden Name <u>Eliza Coater</u> | | | Mother's Birthplace <u>Annapolis</u> | | |
| Name of person giving Information <u>Eliza Coater</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Tuberculosis</u> | How long <u>Six months</u> |
| Immediate <u>Exhaustion</u> <u>27</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>John Ridout M.D.</u> |
| | Address <u>Annapolis Md</u> |
| Accident or Suicide? | |



Name
in
Full

Maria Inague

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------------|----------------------------|--|--------------------------|---------------|
| Died at <u>Harwood</u> Town | | <u>aa</u> County | | MARYLAND | |
| Date of death 1903 | Month <u>March</u> | Day <u>8</u> | Years <u>42</u> | Months <u>3</u> | Days <u>2</u> |
| Sex <u>Female</u> | | Color or Race <u>Black</u> | | Birth-place <u>aa Co</u> | |
| Married, Single or Widowed <u>Married</u> | | Occupation <u>Cook</u> | | | |
| Name of Wife or Husband <u>Richard Inague</u> | | | | | |
| Father's Name <u>John Parker</u> | | | Father's Birthplace <u>aa Co</u> | | |
| Mother's Maiden Name <u>Maria Parker</u> 167 | | | Mother's Birthplace <u>aa Co</u> | | |
| Name of person giving Information <u>Richard Inague</u> | | | How related to deceased <u>Husband</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Extensive Burns</u> | How long <u>3 days</u> |
| Immediate <u>Shock</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Samuel Walter Patterson MD</u> |
| | Address <u>West River Md</u> |
| Accident or Suicide? <u>Accident</u> | |



Ivring Wade

Died at *Blue Runnie* Town *Anne Arundel* County **MARYLAND**

Date 1903 *March* Month *6* Day *11* Y. M. D. Age *11* Native of *A A Co* Occupation

Male White ~~Married~~ Widowed Divorced
~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Wm Wade* Mother's Maiden Name *Mary Lomman*

Cause of Death { Primary *Inhaled from Ruth* Immediate *179* How long sick
 Accident, Suicide, Homicide

Reported by *Thomas H Grayshan*Address *Blue Runnie*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | | | | | |
|-----------------------------------|--|--|--|-------------------------|--|------------------------|--|-----------------|--|----------|--|
| Name in Full | | Sylvester White | | | | CERTIFICATE OF DEATH | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Fairfield | | County | | a a | | MARYLAND | |
| | | Date of death 1903 | | Month 3 | | Day 5 | | Age 6 | | Months - | |
| | | Sex Male | | Color or Race Co | | Birth-place Md. | | | | | |
| | | Married, Single or Widowed | | Single | | Occupation | | | | | |
| | | Name of Wife or Husband | | | | | | | | | |
| | | Father's Name | | Walter White | | Father's Birthplace | | Md. | | | |
| | | Mother's Maiden Name | | Mary White | | Mother's Birthplace | | | | | |
| Name of person giving information | | Walter White | | How related to deceased | | Father | | | | | |
| CAUSES OF DEATH | | | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Pneumonia | | How long | | 3 wks | | | |
| | | Immediate | | | | How long | | | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Chas. O. Brooke | | | |
| | | | | | | Address | | Brooklyn | | | |
| 8 | | Accident or Suicide? | | | | | | | | | |

